

ICG USEPQ/MDNRE SITE
d/b/a FORMER INTERNATIONAL CASTING GROUP
9311 GROH RD
% US EPA JEFF KIMBLE
GROSSE ILE, MI 48138-1636

**HAZARDOUS WASTE USER CHARGE
FOR 2012**

01/01/2011 - 12/31/2011

INVOICE IS FOUND ON THE BACK OF THIS COVER PAGE



Michigan Department of
Environmental Quality

Resource Management Division
PO Box 30241, Lansing, Michigan 48909-7741

For questions or to request forms, please call:
Telephone: 800-662-9278

Invoice Number: **751685** Invoice Date: **2/29/2012**

DUE ON OR BEFORE APRIL 30, 2012

Remit to: Michigan Department of Environmental Quality
Cashier's Office - HWUC
PO Box 30657
Lansing, MI 48909-8157

Pay online (www.thepayplace.com/mi/deq/hwuc) and include copy of receipt
or include a check or money order payable to State of Michigan with the
invoice number written on the check or money order.

FISCAL YEAR 2012 HAZARDOUS WASTE USER CHARGE INVOICE

For: ICG USEPQ/MDNRE SITE
MIK629118340
BERRIEN County

Located at: 9864 CHURCH ST

BRIDGMAN, MI 49106-9101

Fee Type For Activities That Occurred in Calendar Year 2011 (A)	Start Date of Status (B)	Number of manifests processed (C) or amount generated (VLQG)	Corrected number of manifests processed (D) For VLQG, corrected amount of hazardous waste generated (D)	Amount of User Charge (E)	Corrected Amount of User Charge (F)
Manifest - number of manifests processed for shipments of hazardous waste (\$8/manifest)					
VLQG - hazardous waste generated > 900,000 kg (\$1000)					
TSD - had licensed or interim status unit during the year (\$2000)					
LQG - hazardous waste generated > 1,000 kg/mo and < 900,000 kg/yr (\$400)	07/19/2010			\$400.00	
SQG - hazardous waste generated > 100 kg/mo and < 1,000 kg/mo (\$100)					
Used Oil - processed used oil during the year (\$100)					
Revision Reason:				\$400.00	TOTAL INVOICE
CORRECTED TOTAL INVOICE:					

I certify that the information contained on this form, to the best of my
knowledge and belief, is true, accurate, and complete.

Overpayment of \$25 or less will not be refunded or credited.

Signature (REQUIRED)

Date

Issued under authority of PART 111 of PA 451 of 1994, as
amended. Failure to sign this form and submit payment by the
due date will result in penalty as prescribed by law.

Print signatory's name here

For DEQ Internal Use Only		
Payment Entered	Site Data Entered	AR Data Entered
Staff Processing Comments		
EQP5104 (12/10)		

Inter-Agency Billing Information

Credit: Dept. 761, AY12, Index 33000, PCA 45210
Use transaction code 962 and AOBJ 6897 when making
payment from the Appropriated General Fund 0110.
Use transaction code 407 and AOBJ 9163 when making
payment from any other appropriated fund.

Please reference the **invoice number** on the payment
document and in transaction description field in MAIN.

HAZARDOUS WASTE USER CHARGES FISCAL YEAR INVOICE PACKET INSTRUCTIONS

General Information: Under Part 111, Hazardous Waste Management, of the Michigan Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (Act 451), the Michigan Department of Environmental Quality (MDEQ) is required to assess user charges to hazardous waste handlers by March 30 of each year. The MDEQ is also required to provide the data used to determine the user charges. The MDEQ uses manifest and site identification data in its Waste Data System (WDS) database [<http://www.deq.state.mi.us/wdspil/>] to calculate both the handler and manifest processing user charges for waste activities associated with the preceding year. The handlers are required to verify and certify the information provided by the MDEQ on the Hazardous Waste User Charge Invoice (Invoice). You are required to return the **Invoice and user charges payment by April 30.**

Hazardous Waste User Charges Assessment (Invoice Packet): The Invoice Packet should include the following depending on the site activity at the aforementioned location:

1. Hazardous Waste User Charges Invoice (EQP5104)
All large quantity generators, small quantity generators, used oil processors, and treatment, storage, or disposal facilities
2. Annual Invoice Packet Instructions
All large quantity generators, small quantity generators, used oil processors, and treatment, storage, or disposal facilities
3. Site Identification Verification Form (EQP5150-v)
All large quantity generators, small quantity generators, used oil processors, and treatment, storage, or disposal facilities
4. List of Manifest Copies Received by MDEQ for hazardous waste that was shipped off-site
All large quantity generators, small quantity generators, used oil processors, and treatment, storage, or disposal facilities for manifests recorded in the WDS database

If you are missing any portion of the Invoice Packet, please contact the MDEQ as explained at the end of these instructions.

Instructions for the Hazardous Waste User Charge Invoice (page 2, on back of cover page)

If you are not the site/business on the Invoice contact the MDEQ, Environmental Assistance Center (EAC), at 800-662-9278 and ask for Site Identification (ID) staff.

Site Location Address: This is the physical address for the business location. A P.O. Box or Route number is not allowed for the location address. If an actual street address is not available then a latitude and longitude, to the fifth decimal point, must be entered as the street address. Please verify that portions of your address, such as the word "Street" or "Avenue" or a direction such as "East" or "North," are included. If any of the complete address is missing, please type or print the correct location address on the Site ID Form in Section V, complete the rest of the form and submit with this Invoice Packet.

Fee Type: (column A) is based on past calendar year activity(ies):

Descriptions:

- Manifest Processing - This will be based on past calendar year.
- VLQG - Very Large Quantity Generation: generated 900,000 kg or more of hazardous waste in the calendar year.
- LQG - Large Quantity Generation: generated 1,000 kg or more of hazardous waste in any month; less than 900,000 kg in the calendar year, more than a total of 1 kg of acute hazardous waste, or more than a total of 100 kg of any residue or contaminated soil, waste, or other debris resulting from the cleanup of a spill of acute hazardous waste during the calendar year.
- SQG - Small Quantity Generation: generated 100 kg or more of hazardous waste but less than 1,000 kg in any month, less than a total of 1 kg of acute hazardous waste, or less than a total of 100 kg of any residue or contaminated soil, waste, or other debris resulting from the cleanup of a spill of acute hazardous waste during the calendar year.
- Used Oil - Processors, re-refiners, burners, and used oil fuel marketers.
- TSD - Conducted hazardous waste treatment, storage, or disposal activity(ies) that required an operating license or a postclosure operating license during the calendar year.

NOTE: The hazardous waste user charge fee types are additive, but only one of the generation charges (VLQG, LQG, or SQG) will apply to a site. With regard to the generation charge, the Invoice should reflect the highest level of waste activity in any one month during the calendar year. For example, a handler who generates at the LQG volume in one month and then at the SQG volume for the other eleven months should be assessed the LQG user charge of \$400 for that year.

Rows - VLQG, TSD, LQG, SQG, and Used Oil: Verify that the pre-populated data in column E is correct; if it is not then type or print the corrected data in column F the same row.

If the fee type indicated by the pre-populated data in columns C and E does not apply to this user for the billing cycle; cross the entire row(s) out.

If a fee type does apply to the user for the billing cycle, but does not have pre-populated data in columns C and E; then type or print the correct data for that fee type identified in column A in columns D and F on the row.

Row - Manifest: Verify that the number of manifests for hazardous waste shipments off-site is correctly reflected by pre-populated data in column C. If the MDEQ records do not reflect the correct number, cross out the number in column C and write the correct number in column D. Next, in the same row, cross out the Amount of User Charge as pre-populated in column E, and enter in the correct amount in column F. You can determine the manifests on record in the WDS database by reviewing the list of manifests included in this packet.

Once you have verified, updated, and/or corrected all the applicable data, please total all appropriate fee amount(s) from columns E and/or F (Corrected Amount), and, if changed, type or print the sum in the Corrected Total Invoice box. The MDEQ will not issue a refund or credit for overpayment of \$25 or less.

Signature: A responsible corporate officer, general partner or proprietor, principal executive officer, or ranking public official for the handler **must sign, type or print their name, and date** the Invoice and all other applicable forms such as the Site Identification Verification Form. By signing, the user certifies that all the information is correct.

Please note that a status change made on the Invoice is for billing purposes only and does not automatically change the facility's generator status in the WDS database. Site activity status changes must be made by submitting the signed Site Identification Verification Form - EQP5150-v to affect the next billing cycle. You can view the data for this site on the web at <http://www.deq.state.mi.us/wdspi/>

Payment and Submittal: Payment shall be made by credit card, electronic check (E-Check), check, or money order.

If paying online by Visa, MasterCard, Discover Card, or E-Check, please go to <http://www.thepayplace.com/mi/deq/hwuc/challenge.aspx> and follow the instructions given. You will be required to enter the Invoice number associated with the payment. The amount field will be pre-populated with the original invoice amount; correct if necessary. If paying after May 31, please enter the balance due from the Statement you received showing late payment penalty(ies) that have been applied to the Invoice amount. Before leaving the payment screen, print a copy of the receipt for your file. The signed Invoice must be mailed to the address below.

If paying by check or money order made payable to the "State of Michigan" for the total invoice amount, mail the payment with the signed Invoice and any appropriate forms to the address below. To help ensure proper credit, please indicate "User Charge" on the check or money order and include the Invoice number from the upper right corner of the Hazardous Waste User Charge Invoice. If paying after May 31, please enter the balance due from the Statement you received showing late payment penalty(ies) that have been applied to the Invoice amount. The signed Invoice must be mailed to the address below.

RETURN SIGNED INVOICE, CHECK, AND OTHER FORMS TO:

MDEQ, Office of Financial Management
Revenue Control/Cashier's Office
P.O. Box 30657
Lansing, Michigan 48909-8157

(For express mail: 525 West Allegan Street, Lansing, Michigan 48933)

Refunds: No refund or credit of overpayment of \$25 or less.

Penalties and Fines: Failure to meet the payment submittal deadline of April 30 is a violation of Part 111 and is subject to all applicable penalty and enforcement provisions. Late payment penalties accrue at 5 percent of the amount owed for each month that the payment is delinquent, up to a maximum of 25 percent.

Instructions for the Site Identification Verification Form

It is very important that all the information submitted to the MDEQ be accurate, complete, and current. Please type or print any changes or corrections, excluding the Signature in the certification box. Once all the data has been verified or corrected, the owner, operator, or authorized representative must sign, type or print their name and title, and date the certification.

- I. If you are the same site/business indicated on the form, check the box for subsequent notification. If you are not the site/business on the form contact the MDEQ, EAC, at 800-662-9278.
- II. Site's ID Number: Verify that the pre-populated Site Identification Number is for this site. If it is incorrect, please contact the MDEQ, EAC, at 800-662-9278.
- III. Verify that the legal name is complete.

- IV. The North American Industrial Classification System (NAICS) code(s) for the site: If pre-populated, verify that the NAICS code(s) is correct for this site. Make any additions or corrections to the NAICS code(s) in the gray shaded area IV A-D.
- V. Site location information: If the tax identification number is pre-populated, it will be indicated by the first two digits, XXX's, and the last two digits. If incorrect or missing, please supply complete number in the gray shaded area of V. Please make sure that the address information is complete as stated above regarding the Invoice.
- VI. Site Mailing Address: Please make sure that the address information is complete. The mailing address may be different than the physical location address in V. If a mail code or special identifier is required, please provide such in address line 2.
- IX. Owner and/or operator of site: Verify that all pre-populated data is correct and that all owners and operators are identified. Verify, correct, or add the date when the person or entity became an owner or operator of this site. Additional sheets can be used if necessary.
- X. Type of regulated waste activity: Check all boxes that apply in area A., B., C., D., or E.
- XI. Certification: This certification **must be signed; the name and title typed or printed, and dated** by the owner(s), operator(s), or authorized representative(s) of the site. An "authorized representative" is a person responsible for the overall operation of the site (i.e., a plant manager, superintendent, or a person of equal responsibility).


Complete line-by-line instructions for the Site Identification Verification Form are available on the Internet at <http://www.michigan.gov/deq> by navigating to: WASTE, Announcements, selecting Michigan Site Identification Form EQP5150 (Rev. 5/2010) and Directions (Rev. 7/2005). To review your individual Site ID history, go to: <http://www.deq.state.mi.us/wdsp/>

Instructions for the List of Manifest Copies Received by MDEQ for hazardous waste shipped off-site

Please review the manifest data provided in your package. You are only required to return the Manifest Data to the MDEQ if the invoiced manifest activity information is incorrect and impacts your billing. However, if you would like to make other changes, please return the corrected pages from the Manifest Data to the MDEQ. All returned Manifest Data must have the corrections noted in the shaded boxes, where appropriate, and be mailed with the Invoice and copies of any missing generator or facility manifests to the MDEQ, Cashier's Office, at the address above.

Contacting the MDEQ

If you have questions regarding your hazardous waste user charges, or if forms are missing from your Invoice Packet; the Invoice, List of Manifest, Site Identification Verification, if applicable, or TSD Monthly Operating Report Form, if applicable, please contact the MDEQ, EAC, at 800-662-9278, or e-mail at DEQ-HWUSERCHARGES@michigan.gov. Please allow 7 to 10 days for a response.

<p>Required under authority of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended. Failure to submit this information may result in civil or criminal penalties.</p>	<p>MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY Resource Management Division</p> <p>SITE IDENTIFICATION VERIFICATION FORM</p>			
<p>I. The form is being submitted</p> <p>CHECK CORRECT BOX(ES)</p>	<p><input type="checkbox"/> as initial notification: to notify as a new site or new owner for the site: Mail this form and the user charge fee with either a receipt from paying the \$50 fee on-line using a Master Card, VISA, or Discover Card (https://www.thepayplace.com/mi/deq/siteid) or by check made payable to the State of Michigan. <u>Mail to MDEQ Revenue Office - HWCU, PO Box 30657, Lansing, MI 48909-8157</u> OR</p> <p><input type="checkbox"/> as subsequent notification: to change, update, or verify site information for an existing owner of a site with a previously issued site ID number. <u>Mail directly to RMD-MDEQ</u> at RMD-MDEQ, Management & Tracking Unit, PO Box 30241, Lansing, MI 48909-7741 if a fee is not required. Otherwise submit to MDEQ Revenue Office (see above).</p> <p>AND ANY OF THE FOLLOWING</p> <p><input type="checkbox"/> as a component of a Hazardous Waste Permit Part A (submit to RMD-MDEQ)</p> <p><input type="checkbox"/> as a component of the Hazardous Waste (biennial) Report (submit to RMD-MDEQ)</p>			
<p>II. Site's ID Number</p>	<p>A. Site's Identification (ID) Number: MIK629118340</p>			
<p>III. Name of Site</p>	<p>A. Legal company name: ICG USEPQ/MDNRE SITE</p> <p>B. Site specific name (d/b/a): FORMER INTERNATIONAL CASTING GROUP</p>			
<p>III. Added or Corrected Legal Company Name</p>	<p>A. Legal company name:</p>			
<p>III. Added or Corrected Site Specific Name</p>	<p>B. Site specific name (d/b/a):</p>			
<p>IV. NAICS for this Site</p>	A. 56291	B.	C.	D.
<p>IV. Additional or Corrected NAICS for this Site</p>	A.	B.	C.	D.
<p>V. Site Location Address and Other Site Information</p> <p>If there is a change in the site location address you must explain why in Section XII, Comments.</p>	<p>Street Address: 9864 CHURCH ST</p> <p>Address line 2: City, Town, or Village: BRIDGMAN</p> <p>State, Province, or Subdivision (2 letters): MI Country: UNITED STATES</p> <p>County Name (MI only): BERRIEN ZIP/Postal Code: 49106-9101</p> <p>Tax Number: 38XXXXXX34</p>			
<p>V. Additional Site Location Address and Additional or Corrected Other Site Information</p> <p>TYPE OR PRINT CLEARLY</p>	<p>Street Address:</p> <p>Address line 2: City, Town, or Village:</p> <p>State, Province, or Subdivision (2 letters): Country:</p> <p>County Name (MI only): ZIP/Postal Code:</p> <p>Tax Number:</p>			

VI. Site Mailing Address	Address line 1 or PO Box: 9311 GROH RD		
	Address line 2: % US EPA JEFF KIMBLE		City, Town, or Village: GROSSE ILE
	State, Province, or Subdivision (2 letters): MI		Country: UNITED STATES
	County Name (MI only): WAYNE		ZIP/Postal Code: 48138-1636
VI. Additional or Corrected Site Mailing Address TYPE OR PRINT CLEARLY	Address line 1 or PO Box:		
	Address line 2:		City, Town, or Village:
	State, Province, or Subdivision (2 letters):		Country:
	County Name (MI only):		ZIP/Postal Code:
VII. Site Contact Person	First Name: JEFF		MI: Last Name: KIMBLE
	Phone Number: (734) 740-9013		Ext: Alt. Phone Number: () -
	Email Address: KIMBLE.JEFFERY@EPA.GOV		Fax Number: (734) 692-7677
VII. Additional or Corrected Site Contact Person TYPE OR PRINT CLEARLY	First Name:		MI: Last Name:
	Phone Number: ()		Ext: Alt. Phone Number: ()
	Email Address:		Fax Number: ()
VIII. Indian Reservation	Facility on Indian Reservation Land: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
VIII. Corrected Indian Reservation	Facility on Indian Reservation Land: <input type="checkbox"/> yes <input type="checkbox"/> no		

IX. Owner and/or Operator of Site	1. (check applicable box(es)) <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator	Approx. date became owner &/or operator: 7/20/2010 Approx. date ceased as owner &/or operator:
	Name: INTERNATIONAL CASTING GROUP	
	Type (check one): <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
	2. (check applicable box(es)) <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator	Approx. date became owner &/or operator: 7/20/2010 Approx. date ceased as owner &/or operator:
	Name: ICG USEPA/MDRNE - RRD - SUPERFUND SITE	
	Type (check one): <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
IX. Additional or Corrected Owner of the Site and/or Operator of Site Add any additional owners or operators on the comment page. The property owner is not required unless said property owner also acts as the owner or operator of the activity that generates the waste.	1. (check applicable box(es)) <input type="checkbox"/> Owner <input type="checkbox"/> Operator	Approx. date became owner &/or operator: Approx. date ceased as owner &/or operator:
	Name:	
	Type (check one): <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
	2. (check applicable box(es)) <input type="checkbox"/> Owner <input type="checkbox"/> Operator	Approx. date became owner &/or operator: Approx. date ceased as owner &/or operator:
	Name:	
	Type (check one): <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	

X. Type of Regulated Waste Activity: You must put an "X" in the appropriate box(es) for the current regulated waste activity.

The date of the signature in Section XI will be used as the date the regulated waste activity(ies) you check below began. However, in Box A1, if the activity began earlier than the signature date, enter the correct date after "Date activity began" in yyyyddmm format. If any other regulated waste activity(ies) in A.2 - A.8 or Box B-E began earlier, write in the correct date(s) in Section XII, Comments. The date a certain activity began can subject the site to different requirements, such as annual user charges. If your activity(ies) change during the year a 'Subsequent Site Identification' form should be submitted indicating the change.

A. Hazardous Waste Activity(ies) at this location

1. Generator of hazardous waste (choose one of the following three categories a-c) [see rules for limits on acute hazardous waste]
- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs) of non-acute hazardous waste, or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs) of non-acute hazardous waste, or
- ☐ c. CESQG: Less than 100 kg/mo of non-acute hazardous waste

Date activity began (mm/dd/yyyy): _____

For Items 2 through 8, check all that apply

2. Transporter of hazardous waste [requires a permit & registration]

- ☐ Transport hazardous waste
- ☐ a. Transporter
- ☐ b. Commingle waste
- ☐ c. Offloads during transportation

3. Designated facility of hazardous waste at this location that requires(ed) the submittal of a Part A and a permit

- ☐ a. Treats or treated hazardous waste on-site at this location and/or Stores or stored hazardous waste on-site at this location and/or Disposes or disposed hazardous waste on-site at this location
- ☐ b. Recycles recyclable materials on-site at this location
- ☐ 4. Underground injection well on-site at this location
- ☐ 5. Import agent for hazardous waste
- ☐ 6. Generates mixed radioactive waste on-site at this location
- ☐ 7. Accepts waste from CESQG & accumulates over 1,000 kg on-site at this location
- ☐ 8. Exempt boiler and/or Industrial Furnace on-site at this location
- ☐ a. Smelting, melting, and refining furnace exemption
- ☐ b. Small quantity on-site burner exemption

B. Used Oil Activities at this location, check all that apply: (used oil generator only - go to D) [see comments for additional information]**1. Used Oil Fuel Marketer**

- ☐ a. Marketer who directs shipments of off-specification used oil to used oil burner.
- ☐ b. Marketer who first claims the used oil meets the specifications.

☐ 2. Off-specification Used Oil Burner☐ 3. Used Oil Processor☐ 4. Used Oil Re-refiner

Date activity began (mm/dd/yyyy): _____

5. Used Oil Transporter (check only one) [may require a permit & registration]

- ☐ a. Transporter only.
- ☐ b. Transporter with transfer facility.

☐ 6. Used Oil Collection or Aggregation Point☐ 7. Collection Center or Aggregation Point that accepts DIY Used Oil**C. Universal Waste Activity(ies) at this location, check all that apply:****1. Large Quantity Handler: check the box(es) for the universal wastes generated or accumulated**

- ☐ a. Generates/accumulates batteries
- ☐ b. Generates/accumulates thermostats
- ☐ c. Generates/accumulates mercury thermometers
- ☐ d. Generates/accumulates devices containing elemental mercury
- ☐ e. Generates/accumulates mercury switches
- ☐ f. Generates/accumulates pesticides
- ☐ g. Generates/accumulates electric lamps
- ☐ h. Generates/accumulates pharmaceuticals
- ☐ i. Generates/accumulates consumer electronics
- ☐ j. Generates/accumulates antifreeze

☐ 2. Destination Facility of Universal Waste**[a hazardous waste permit may be required for this activity]****(Regulated Waste Activity section continues; see next page for Sections D and E)**

X. Type of Regulated Waste Activity (continued):

D. Liquid Industrial Waste Activities at this location
check all that apply: (not hazardous waste activity)

- ☐ 1. Liquid Industrial Waste Transporter
[requires a permit & registration]
- ☐ 2. Transporting Own Waste
- ☐ 3. Liquid Industrial Waste Generator
- ☐ 4. Liquid Industrial Waste Designated Facility

E. No longer generating waste or engaged in other regulated activity

- ☐ 1. The site is still in business at this location but generation of waste or any other regulated waste activity has ceased as of (date)
(mm/dd/yyyy): _____
- ☐ 2. The site is out of business at this location and generation of waste or any other regulated waste activity has ceased as of (date)
(mm/dd/yyyy): _____

XI. Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature of owner, operator, or authorized representative

Name and Official Title (type or print)

Date Signed (mm/dd/yyyy)

Name

Title

XII. Comments:

To review the current regulated waste activity at this location please log onto the internet at <http://www.deq.state.mi.us/wdspi>.

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LIST OF MANIFEST COPIES RECEIVED BY MDEQ

for hazardous waste shipped off-site by the designated facility because all or part of the shipment was rejected or there were residues and the waste was shipped back to the original generator with a manifest

- If a manifest is not listed, please attach a copy of it to this form. For more detail, please see page 6 of the *'Instructions for the List of Manifest Copies Received by the MDEQ for hazardous waste shipped off-site.'*
- Any manifest with liquid industrial waste of PCBs only will not be listed and should not be included.

Manifest Tracking Number (Box 4 on the manifest)	Originating Manifest Tracking Number, if different (Box 4 on the manifest)

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